| Short Form   |   |                                  |  |                                |        |               | OMB No. 1545-0047 |         |                   |             |                          |
|--|---|----------------------------------|--|--------------------------------|--------|---------------|-------------------|---------|-------------------|-------------|--------------------------|
| Forn   | <b>990-EZ</b> Return of Organization Exempt From Income Tax |                                  |  |                                |        |               |                   |         |                   | 0004        |                          |
| Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) |   |                                  |  |                                |        |               |                   | าร)     | 2021              |             |                          |
|  |   |                                  | Do not enter social security in the security in the security is a security in the security in the security is a security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security | numbers on this f              | orm, a | s it may b    | e made pu         | blic.   |                   |             | Open to Public           |
|  |   | of the Treasury<br>venue Service | Go to www.irs.gov/Form990  | EZ for instruction             | ns and | I the latest  | t informati       | on.     |                   |             | Inspection               |
|  |   |                                  | year, or tax year beginning  |                                |        | and endir     | ng                |         |                   |             |                          |
|  | heck if   |                                  | ne of organization   |                                |        |               |                   | D Emp   | ployer            | identifi    | cation number            |
| X  | Addr  |                                  | SOCIATION OF FUNDRAIS  |                                | SSIC   | NALS          |                   |         |                   |             |                          |
|  | Nam   | io onungo                        | IRFIELD COUNTY CHAPTE  |                                |        |               |                   |         |                   | 370         |                          |
|  |   | a rotani                         | er and street (or P.O. box if mail is not delivered  | to street address)             |        |               | Room/suite        |         |                   |             |                          |
|  |   | inated 42                        | 00 WILSON BOULEVARD  | store and states and           |        | 4             | 80                |         |                   |             | -3070                    |
|  | _Amei   | nacarotann                       | r town, state or province, country, and ZIP or for   |                                |        |               |                   |         |                   | emption     |                          |
|  |   | ballon ponding                   | LINGTON, VA 22203-44   |                                |        |               |                   |         |                   | ► 3         |                          |
|  |   | nting Method:                    | Cash X Accrual Other (specify)   | )▶                             |        |               |                   |         |                   |             | if the organization is   |
|  |   | ·                                | $\frac{\mathbf{AFFFAIRFIELD} \cdot \mathbf{ORG}}{\mathbf{ck} \text{ only one}} = \boxed{\mathbf{X}} 501(\mathbf{c})(3) \boxed{501(\mathbf{c})} (3)}$   | ) (incort no.)                 |        | 0.47(a)(1) a  | r 527             |         | require<br>rm 990 |             | tach Schedule B          |
| -  |   | · · ·                            |  | ) ◀(insert no.)<br>Association | Other  | 947(a)(1) o   | <u> </u>          | (FU     | 111 990           | <i>)</i> ]. |                          |
|  |   | -                                | to line 9 to determine gross receipts. If gross re   |                                | -      | or if total a | ssets (Part I     | 1       |                   |             |                          |
|  |   |                                  | 00 or more, file Form 990 instead of Form 990-E2   |                                |        |               |                   |         | ▶ \$              |             | 30,459.                  |
|  | irt I   | Revenue,                         | Expenses, and Changes in Net   | Assets or Fun                  | d Ba   | lances (s     | ee the instru     | ictions | for Pa            | rt I)       | /                        |
|  |   |                                  | rganization used Schedule O to respond to any q  |                                |        |               |                   |         |                   |             | X                        |
|  | 1   |                                  |  |                                |        |               |                   |         | 1                 |             | 2,621.                   |
|  | 2   | Program service                  | e revenue including government fees and contrac  | ts                             |        |               |                   |         | 2                 |             | 20,194.                  |
|  | 3   | Membership due                   | es and assessments   |                                |        |               |                   |         | 3                 |             | 7,642.                   |
|  | 4   | Investment inco                  | me   | SI                             | EE S   | SCHEDU        | LE O              |         | 4                 |             | 2.                       |
|  | 5a  |                                  | rom sale of assets other than inventory  |                                |        |               |                   |         |                   |             |                          |
|  | b   |                                  | ner basis and sales expenses   |                                | 5b     |               |                   |         |                   |             |                          |
|  | C   | . ,                              | om sale of assets other than inventory (subtract   | line 5b from line 5a)          |        |               |                   |         | 5c                |             |                          |
|  | 6   | Gaming and fun                   | -  |                                |        |               |                   |         |                   |             |                          |
| Ine  | a   |                                  | om gaming (attach Schedule G if greater than   |                                |        | 1             |                   |         |                   |             |                          |
| Revenue  | h   |                                  | om fundraining quanta (not including ¢   |                                | 6a     | ntributiono   |                   |         |                   |             |                          |
| Re   | 0   |                                  | om fundraising events (not including \$<br>g events reported on line 1) (attach Schedule G if  | the sum of such                | _ 0100 | ontributions  |                   |         |                   |             |                          |
|  |   | -                                |  |                                | 6b     | 1             |                   |         |                   |             |                          |
|  | c   | -                                | enses from gaming and fundraising events   |                                | 60     |               |                   |         |                   |             |                          |
|  | d   | •                                | oss) from gaming and fundraising events (add li  | nes 6a and 6b and su           |        | ine 6c)       |                   |         | 6d                |             |                          |
|  | 7a  |                                  | iventory, less returns and allowances  |                                |        |               |                   |         |                   |             |                          |
|  | b   |                                  | ods sold   |                                |        |               |                   |         |                   |             |                          |
|  | c   | Gross profit or (                | loss) from sales of inventory (subtract line 7b fro  | om line 7a)                    |        |               |                   |         | 7c                |             |                          |
|  | 8   |                                  | describe in Schedule O)  |                                |        |               |                   |         | 8                 |             |                          |
|  | 9   |                                  | Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |                                |        |               |                   |         | 9                 |             | 30,459.                  |
|  | 10  | Grants and simil                 | ar amounts paid (list in Schedule 0)   |                                |        |               |                   |         | 10                | <u> </u>    |                          |
|  | 11  | Benefits paid to                 | or for members   |                                |        |               |                   |         | 11                | <u> </u>    |                          |
| ses  | 12  |                                  | ompensation, and employee benefits   |                                |        |               |                   |         | 12                | ├──         | 18,699.                  |
| Expenses   | 13  |                                  | s and other payments to independent contractor   |                                |        |               |                   |         | 13<br>14          | <u> </u>    | 10,099.                  |
| Ĕ  | 14<br>15  | Printing publica                 | , utilities, and maintenance   |                                |        |               |                   |         | 14                | <u> </u>    |                          |
|  | 16  | Other expenses                   | tions, postage, and shipping<br>(describe in Schedule O)   | SI                             | EE S   | SCHEDU        | LE O              |         | 16                |             | 10,863.                  |
|  | 17  |                                  | . Add lines 10 through 16  |                                |        |               |                   | ►       | 17                |             | 29,562.                  |
|  | 18  |                                  | it) for the year (subtract line 17 from line 9)  |                                |        |               |                   |         | 18                | <u> </u>    | 897.                     |
| Net Assets   | 19  |                                  | nd balances at beginning of year (from line 27, co   |                                |        |               |                   |         |                   |             |                          |
| Ase  |   |                                  | n end-of-year figure reported on prior year's retu   |                                |        |               |                   |         | 19                |             | 30,239.                  |
| Vet  | 20  |                                  | n net assets or fund balances (explain in Schedul  |                                |        |               |                   |         | 20                |             | 0.                       |
|  | 21  |                                  | nd balances at end of year. Combine lines 18 thre  |                                |        |               |                   | •       | 21                |             | 31,136.                  |
| LHA  | For   | r Paperwork Redu                 | uction Act Notice, see the separate instructions   |                                |        |               |                   |         |                   | F           | orm <b>990-EZ</b> (2021) |

132171 12-08-21

# ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

| Pa  | art II Balance Sheets (see the instructions for Part II)   |  |   |   |   |   |
|---|--|--|---|---|---|---|
|   | Check if the organization used Schedule O to re-   | spond to any ques  | tion in this Part II  |   |   | X   |
|   |  |  | (A) Beginning of year   |   | <b>(B)</b> E  | nd of year  |
| 22  | Cash, savings, and investments   | Γ  | 26,996  | • 22  |   | 32,284.   |
| 23  |  |  |   | 23  |   |   |
| 24  |  | o F  | 4,243   | • 24  |   | 2,000.  |
| 25  |  |  | 31,239  |   |   | 34,284.   |
| 26  |  | o – – – – – – – – – – – – – – – – – – –  | 1,000   |   |   | 3,148.  |
| 27  |  |  | 30,239  |   |   | 31,136.   |
|   | art III Statement of Program Service Accomplishme  | ents (see the instru   |   |   | E,  | xpenses   |
|   | Check if the organization used Schedule O to re-   |  | ,   |   | Required  | for section   |
| Wha   | at is the organization's primary exempt purpose?SEE SCHEDULE   | n  |   |   |   | and 501(c)(4)   |
|   |  |  |   |   | others.)  | ons; optional for   |
|   | cribe the organization's program service accomplishments for each of its three largest progran<br>ner, describe the services provided, the number of persons benefited, and other relevant info  |  | benses. In a clear and concise  |   | ,   |   |
| 28  | EDUCATIONAL PROGRAM SERVICES   |  |   |   |   |   |
| 20  |  |  |   | -   |   |   |
|   |  |  |   | -   |   |   |
|   | (Grants \$ ) If this amount includes foreign   | granta abaak bara  | •   |   | 8a  | 2,690.  |
| 29  | (Grants \$) If this amount includes foreign<br>ANNUAL NATIONAL PHILANTHROPY DAY C  |  |   |   | Ua  | 2,000.  |
| 29  |  |  |   | _   |   |   |
|   |  |  |   | _   |   |   |
|   |  |  | •   |   | 9a  | 9,604.  |
| 20  | (Grants \$) If this amount includes foreign  | grants, check here   | ▶   |   | 98  | 9,004.  |
| 30  |  |  |   |   |   |   |
|   |  |  |   | _   |   |   |
|   |  |  | <b>`</b>  |   |   |   |
| •   | (Grants \$ ) If this amount includes foreign   |  |   |   | 0a  |   |
| 31  |  |  |   |   |   |   |
|   | (Grants \$ ) If this amount includes foreign   | grants, check here   | <b>&gt;</b>   |   | 1a  | 12,294.   |
|   | Total program service expenses (add lines 28a through 31a)   |  |   |   | 32  |   |
|   |  |  |   |   |   | ( D ) NO  |
| Pa  | art IV List of Officers, Directors, Trustees, and Key  |  |   | see the in                                    | structions  |   |
| Pa  | Check if the organization used Schedule O to rea   | spond to any ques  | tion in this Part IV  |   |   | <u> </u>  |
| Pa  | Check if the organization used Schedule O to re-   | spond to any ques<br>(b) Average hours   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms   | (d) Healt                                     | h benefits,<br>utions to  | (e) Estimated   |
| Pa  |  | spond to any ques  | tion in this Part IV<br>(C) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>ee benefit<br>d deferred  | (e) Estimated amount of other   |
|   | Check if the organization used Schedule O to read and title  | spond to any ques<br>(b) Average hours<br>per week devoted to  | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/   | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>ee benefit  | (e) Estimated   |
| SA  | Check if the organization used Schedule O to reaction (a) Name and title   | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position   | tion in this Part IV<br>(C) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>ee benefit<br>d deferred<br>ensation  | (e) Estimated<br>amount of other<br>compensation  |
| SA<br>PR  | Check if the organization used Schedule O to reaction (a) Name and title   | spond to any ques<br>(b) Average hours<br>per week devoted to  | tion in this Part IV<br>(C) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>ee benefit<br>d deferred  | (e) Estimated<br>amount of other<br>compensation  |
| SA<br>PR<br>KI  | Check if the organization used Schedule O to reaction (a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>CMBERLY PUGH   | spond to any ques:<br>(b) Average hours<br>per week devoted to<br>position<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>be benefit<br>d deferred<br>ensation  | (e) Estimated<br>amount of other<br>compensation<br>0.  |
| SA<br>PR<br>KI<br>PR  | Check if the organization used Schedule O to rea<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>IMBERLY PUGH<br>RESIDENT ELECT   | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position   | tion in this Part IV<br>(C) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>ee benefit<br>d deferred<br>ensation  | (e) Estimated<br>amount of other<br>compensation<br>0.  |
| SA<br>PR<br>KI<br>PR<br>BR  | Check if the organization used Schedule O to rea<br>(a) Name and title<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON   | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>te benefit<br>d deferred<br>ensation<br>0.   | (e) Estimated<br>amount of other<br>compensation<br>0.  |
| SA<br>PR<br>KI<br>PR<br>BR<br>TR  | Check if the organization used Schedule O to react<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER   | spond to any ques:<br>(b) Average hours<br>per week devoted to<br>position<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>be benefit<br>d deferred<br>ensation  | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.  |
| SA<br>PR<br>KI<br>PR<br>BR<br>TR<br>PA  | Check if the organization used Schedule O to res<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>IMBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN  | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0 .<br>0 .   | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.  |
| SARI<br>PRKI<br>PR<br>BR<br>PR<br>SE  | Check if the organization used Schedule O to reaction (a) Name and title<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CCRETARY   | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>te benefit<br>d deferred<br>ensation<br>0.   | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.  |
| SARIPRI     PRKI      PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI     PRKI <tr< td=""><td>Check if the organization used Schedule O to reaction (a) Name and title<br/>ARAH MOTTI<br/>RESIDENT<br/>MBERLY PUGH<br/>RESIDENT ELECT<br/>RYAN PENNINGTON<br/>REASURER<br/>MELA RITTMAN<br/>ECRETARY<br/>GHAN RICKARD</td><td>spond to any quess<br/>(b) Average hours<br/>per week devoted to<br/>position<br/>3.00<br/>3.00<br/>3.00<br/>3.00</td><td>tion in this Part IV<br/>(c) Reportable<br/>compensation (Forms<br/>W-2/1099-MISC/<br/>1099-NEC)<br/>(if not paid, enter -0-)<br/>0.<br/>0.<br/>0.</td><td>(d) Healt<br/>contribu<br/>employe<br/>plans, an</td><td>h benefits,<br/>utions to<br/>se benefit<br/>d deferred<br/>nsation<br/>0 .<br/>0 .<br/>0 .</td><td>(e) Estimated<br/>amount of other<br/>compensation<br/>0.<br/>0.<br/>0.</td></tr<> | Check if the organization used Schedule O to reaction (a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>ECRETARY<br>GHAN RICKARD   | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0 .<br>0 .<br>0 .  | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.<br>0.  |
| SARKI PRR PR SMEDI  | Check if the organization used Schedule O to reaction (a) Name and title<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CCRETARY<br>GGHAN RICKARD<br>RECTOR  | spond to any quest<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0 .<br>0 .   | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.  |
| SPRIPER PRESEDIA  | Check if the organization used Schedule O to reaction (a) Name and title<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>RESIDENT<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CRETARY<br>GGHAN RICKARD<br>RECTOR<br>ARGARET REYNOLDS  | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.<br>0.   | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>ensation<br>0.<br>0.<br>0.<br>0.                                    | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.<br>0.<br>0.  |
| SPRKIPR PRASEDIADI  | Check if the organization used Schedule O to res<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CCRETARY<br>GHAN RICKARD<br>RECTOR<br>ARGARET REYNOLDS<br>RECTOR   | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.  | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0 .<br>0 .<br>0 .  | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.<br>0.<br>0.  |
|   | Check if the organization used Schedule O to res<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CCRETARY<br>GHAN RICKARD<br>RECTOR<br>RGARET REYNOLDS<br>RECTOR<br>MEE MARCELLA  | spond to any quest           (b) Average hours           per week devoted to           position           3.00           3.00           3.00           3.00           3.00           3.00           3.00           3.00           3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.                          | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.                         | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.<br>0.<br>0.<br>0.  |
|   | Check if the organization used Schedule O to res<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CCRETARY<br>GHAN RICKARD<br>RECTOR<br>RECTOR<br>MEE MARCELLA<br>RECTOR   | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00   | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.<br>0.   | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>ensation<br>0.<br>0.<br>0.<br>0.                                    | (e) Estimated<br>amount of other<br>compensation<br>0.<br>0.<br>0.<br>0.  |
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|   | Check if the organization used Schedule O to res<br>(a) Name and title ARAH MOTTI RESIDENT MBERLY PUGH RESIDENT ELECT RYAN PENNINGTON REASURER MELA RITTMAN CRETARY GGHAN RICKARD RECTOR RGARET REYNOLDS RECTOR MEE MARCELLA RECTOR LS MORGAN P-PROGRAMS ICE BEMAND RECTOR HN BRANNELLY P-COMMUNICATIONS RACY CRAMER   | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.0  | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-MISC/<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | X           (e) Estimated amount of other compensation           0. |
|   | Check if the organization used Schedule O to rea<br>(a) Name and title<br>ARAH MOTTI<br>RESIDENT<br>MBERLY PUGH<br>RESIDENT ELECT<br>RYAN PENNINGTON<br>REASURER<br>MELA RITTMAN<br>CRETARY<br>GGHAN RICKARD<br>RECTOR<br>ARGARET REYNOLDS<br>RECTOR<br>MEE MARCELLA<br>RECTOR<br>LS MORGAN<br>P-PROGRAMS<br>JICE BEMAND<br>RECTOR<br>DHN BRANNELLY<br>P-COMMUNICATIONS<br>RACY CRAMER<br>RECTOR<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER<br>CALLER | spond to any quess<br>(b) Average hours<br>per week devoted to<br>position<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.00<br>3.0  | tion in this Part IV<br>(c) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-MISC/<br>(if not paid, enter -0-)<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | (d) Healt<br>contribu<br>employe<br>plans, an | h benefits,<br>utions to<br>se benefit<br>d deferred<br>nsation<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | X           (e) Estimated amount of other compensation           0. |

132172 12-08-21

Form 990-EZ (2021)

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### ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

06-1370211 Page 3

| instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V       V         30       bit he organization engage in any significant activity not previously reported to the IRS? If 'Ves,' provide a detailed description of each activity in Schedule 0.       33       X         34       Ware any significant changes made to the organization same. Otherwise, explain the change of Schedule 0. Se instructions       34       X         35       If the organization have undered to kensess gross income 05 1000 or more during the year for houses activities (studue to the sense of the organization schedule 0.       36       X         36       If Ves's local So, has the organization addition of 10,000 or more during the year for houses activities (studue to the sense of the organization schedule 0.       36       X         37       If Ves's local So, has the organization addition, or significant disposition in Schedule 0.       36       X         38       If Ves's local So in the organization addition, or significant disposition in Schedule 0.       36       X         39       If Ves's local So in the organization addition, or significant disposition in Schedule 0.       36       X         39       If Ves's condition is Schedule 0.       38       X       36       X         30       If Ves's condition is Schedule 1.       31       If Ves's condition is Schedule 0.       36       X         30       If Ves   | Pa   | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements                       |        |       |            |
|--|------|--|--------|-------|------------|
| 33       Diff the organization engage in any significant darkiny not previously reported to the RSP if Yes,' provide a detailed description of each active in Schedule 0.       33       X         34       Where any significant changes made to the organization area. Otherwise, explain the change on Schedule 0. See instructions       34       X         35       Diff the organization in a unrelated business grass function of 51:000 or more infining by are into business actives instructions       34       X         36       Diff the organization is schedule 0. See instructions       34       X         36       Diff the organization a unrelated busines grass function (schedule 0. See instructions)       36       X         37       Bit MS to finise schedule (schedule 0. Schedule 0. See instructions)       36       X         38       Diff the organization a schedule 0. Schedule 0. See instructions       36       X         38       Diff the organization and organization is deter 0. The schedule 0. See instructions is schedule 0. The schedule 0. See instructions is schedule 0. See instructions is schedule 0. The organization is schedule 0. See instructions is schedule 0. See instructions is schedule 0. See instructions is schedule 0. The schedule 0. See instruction is schedule   |      | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this                     | s Part |       |            |
| activity in Schedule 0       33       X         34       Were any splation charges made to the organizing or governing documents? II "Yes," attach a conformed copy of the amended documents if the yratification is name. Otherwise, explain the charge on Schedule 0. See instructions       34       X         35       Diff the organization is name. Otherwise, explain the charge on Schedule 0. See instructions       34       X         36       Diff the organization a schedul 50 (V(c)). 50 (V(c))                                     |      |  |        | Yes   | No         |
| 34         Were any significant changes made to the organization is mane. Otherwise, explain the change on Schedule 0. See instructors         34         X           35         Ibit the organization have unrelated business gives income of 51,000 or more during the year infrom business activities (such as those monthe factors)         36         N/A           36         Ibit the organization have unrelated business gives income of 51,000 or more during the year in the schedule 0.         36         X           37         Ibit wes to include the practication in a factor 300-10(x)(4), 301 (x)(6), or partication subject to section 6003(c) notes, reporting, and proxy tax requirements for the year? If Yes,' complete Schedule C, Part II.         36         X           38         Ibit the organization is action 301 (x)(4), 301 (x)(6), or partication subject to section 6003(c) notes, reporting, and proxy tax requirements for year and the proxy tax requirements for year and the proxy tax requirements for the year? If Yes,' complete Schedule C, Part II.         36         X           38         Ibit the organization in fourth and proxy tax requirements for the year large of the start and the and of the tax year covered by this refurr?         37         38         38         X           39         Ibit the organization in fourth and amount involved         38         N/A         38         X           39         Ibit too repartication in the and of the tax year, or difficer, director, rushing, or key employee, or other schedule 1, Part I         38         X  | 33   |  |        |       |            |
| dccummins in they reflect a change to the organization 's raime. Otherwise, explain the change on Schodule 0. See instructions.       34       X         35a Old the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 5, 66, and 7a, among others)?       35a       X         35a Old the organization sther of a form \$90-T for the year? If No, "provide an explanation in Schedule 0.       35a       X/A         35a Old the organization as dire 0 for (10(4), 0 11(5(1), 0 10(15       |      | ,  | 33     |       | X          |
| 35a Ditte organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         35b Ditte organization activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         36b Ditte organization activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         36b Ditte organization activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         37b Ditte organization activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         38b Ditte organization activities (such as those reported on lines 2, 66, and 7a, among others)?       35a X         37b Ditte organization hore for on ormake any loads to, any officer, director, fusites, or key employee; or wrete any such loans made in a prior yara and sill outstanding at the ord of the lax yara covered by this return?       37a X         37b Ditte organizations. Enter       38b N/A         38c Section 501(c)(3) organizations, Enter       38a N/A         39b Dit(3) organizations, Enter       0, ; section 4915 )       0, .         39b Dit(3) organizations, Enter amount of tax imposed on the organization during the year of 492 A       0, ; section 4926 )       0, .         39b Dit(3) organizations, Enter amount of tax imposed on the organization and page in any section 4935 )       0, .       0, .         39c Section 501(c)(3) songanizations, Enter amount of tax impose   | 34   |  |        |       |            |
| on lines 2, 6a, and 7a, among othersi?       95       X         b If Yes' to line 32a, has the organization filed a form 990-T for the year? If 'No; 'provide an explanation in Schedule 0       95       N/A         c Was the organization a section 501(c)(3), 501(c)(5), or 501(c)(6) organization subject to section 603(e) once, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule (, Part III       35c       X         38       Did the organization and orga a liquidation, dissolution, or significant disposition of net assets during the year? If Yes,'' complete Schedule (, Part III)       37a       0.         38       Did the organization in the Form 1120-POL for this year?       37a       0.       37b       X         38       Did the organization bortor form, or make any loans to, any officer, director, truster, or key employee, or wret any such loans made in a piory area and still outstanding at the end of the kay accovered by lits return?       38b       N/A         39       Section 501(c)(7) organizations. Enter       38b       N/A       38a       X         30       Bordion 501(c)(3) organizations. Enter       0.       ; section 4915 b       0.       0.         30       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year under section 4935 b       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td></td> <td>34</td> <td></td> <td><u> </u></td>  |      |  | 34     |       | <u> </u>   |
| b If Yes' to line 36a, has the organization in left a Form 390-T for the yea? If Yho,' provide an explanation in Schedule 0  | 35 a |  |        |       | v          |
| e Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III   380 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete Schedule C, Part III.   381 Did the organization is Form 1120-POL for this year?   382 Did the organization or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and sill outstanding at the end of the ax year covered by this return?   383 Did the organization and prior and the any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and sill outstanding at the end of the ax year covered by this return?   384 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and sill outstanding at the end of the ax year covered by this return?   385 Bit Yes,' complete Schedule L, Part II, and enter the total anomut twobed   386 N/A   387 Did the organization scheme:   a Initiation fees and applicable parts of Schedule LP and II. and enter the total anomut of tax imposed on the organization engage in an excess benefit transaction of 10(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization engage in an excess benefit transaction schemes and applicable persons during the year of the retinbursed by the organization schemes and in a dot (1)(c)(20) organizations. Enter amount of tax imposed on organization engage in an excess benefit transaction aparty to a prohibited tax shelter transaction? <td></td> <td>on lines 2, 6a, and 7a, among others)?</td> <td></td> <td>NT /</td> <td></td> |      | on lines 2, 6a, and 7a, among others)?   |        | NT /  |            |
| requirements during the yaa? If Yes,' complete Schedule ()       356       X         36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete Schedule ()       37a       137a       137a       0.       37b       X         37a       Enter anount of political expenditures, direct or indirect, as described in the instructions       37a       137a       0.       37b       X         38a       Did the organization for Form T120-POL for this year?       38a       N/A       38a       X         39       Section 501(C)(X) complete Schedule ()       38b       N/A       38a       X         39       Section 501(C)(X) organizations. Enter       38a       N/A       38a       X         40       Section 501(C)(X) organizations. Enter amount of tak imposed on the organization during the year order:       0.       :section 4911       0.       :section 4912       0.         40       Section 501(C)(X) organizations. Enter amount of tak imposed on morganization and setil contributions included on line 9       0.       :section 4912       0.       0.         40       Section 501(C)(X), 501(C)(A), and 501(C)(2) organizations. Enter amount of tak imposed on organization manages or diaqualide persons during the year orders, side 4362, 4363, and 4938       0.       .       0.       .   |      |  | 300    | 11/   | <u> </u>   |
| 38       Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete aposition for the organization in the form 1120-POL for this year?       37       X         37       Enter amount of political exponditures, direct or indirect, as described in the instructions   | G    |  | 350    |       | x          |
| complete applicable parts of Schedule N       37 a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37 a       37 a       X         37 a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37 a       X       37 a       X         38 a       Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a piori system and still outstanding at the end of the axy sec overeable by this return?       38 b       N/A         39 Section 501(c)(7) organizations. Enter:       38 b       N/A       38 a       X         30 Section 501(c)(3) organizations. Enter:       38 b       N/A       39 b       N/A         30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 e.ccss benefit transaction and fori (2) organizations. Enter amount of tax on line 90 c: isection 4912 b       0 c       1       40 b       X         40 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40 c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0 c       40 b       X         41 List the states with which a copy of this return is filed by NONE       NONE       40 c       X         42 The organization sections and ling requirements for FinCEN Form 144, Report of Finedy Bank and Financial Accounts (FBAR).  | 36   |  | 000    |       | - 23       |
| 37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0.         b Did the organization file Form 1120-POL for this year?       37a       X         38a       Did the organization file Form 1120-POL for this year?       37a       X         38a       Did the organization file Form 1120-POL for this year?       38a       N/A         38a       Did the organization.       Bit Pres, complete Schedule L, Part II, and enter the total amount involved       38a       N/A         38a       Section 501(c)(3) organizations. Enter       Bit Pres, complete Schedule L, Part II, and enter the total amount involved       38b       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 491 (b, 0.3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and entor set of 100 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0.       40b       X         4       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. Nary time during the tax year, was the organization a party to a prohibited tax sheller       0.       40b       X         41       List the states with which a copy of this return is filed ▶ NONE       N/A       40e       X   | 00   |  | 36     |       | x          |
| b Did the organization the Form 1120-PDL for this year?       37a       X         38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed; or were any such loans made<br>in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         38a Did the organization. Enter:       38a       N/A         38a Section 501(c)(3) organizations. Enter:       38a       N/A         38a Section 501(c)(3) organizations. Enter:       38a       N/A         38a Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter anount of tax imposed on the organization engage in any section 4955 (access benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schedule L, Part II.       40b       X         40b       x       0; section 4915       0       50c (access cold), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disquified persons during the year under sections 4912, 4955, and 4958       0       40b       X         41       List the stase with which a coupy of this return is fited by NONE       N/A       40e       X         42a       The organization's books are in care of by KATHY HOTLE       Telephone no. by 203-644-7609       203-644-7609         Located at by P.O. BOX 83., WTLT'DON, CT       ZIP + 1       06897       228       X         41       Yes in Mod <td>37 a</td> <td></td> <td></td> <td></td> <td></td>  | 37 a |  |        |       |            |
| 38a Did the organization borrow form, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b N/A         39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 ▶ 0.       39a N/A         39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 ▶ 0.       0.         section 4911▶ 0.       0.; section 4955 ▶ 0.         0 Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0.       0.         0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or digualified persons during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any or is prior forms 900 or 990-E2? II "ves," complete Schedule L, Par11       40b X         4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization so books are in care of ▶ KAYTHY HOTLE       0.         2 The organizations books are in care of ▶ KAYTHY HOTLE       Telephone no. ▶ 203-644 - 7609         2 The organization books are in care of ▶ KAYTHY HOTLE       Telephone no. ▶ 203-644 - 7609         2 The organization brain are incle ○ KAYTHY HOTLE       Telephone no. ▶ 203-644 - 7609         2 Section 4947(a)(1) nonexempt charitable trusts film or a signature or other authority over a financial account in a tor   |      |  |        |       | Х          |
| b If Yes," complete Schedule L, Part II, and enter the total amount involved   |      |  |        |       |            |
| 39       Section 50 1(c)(7) organizations. Enter:       39a       N/A         a initiation fees and capital contributions included on line 9   |      | in a prior year and still outstanding at the end of the tax year covered by this return?                               | 38a    |       | Х          |
| a Initiation fees and capital contributions included on line 9       99a       N/A         b Gross receipts, included on line 9, tor public use of club facilities       0.       99a       N/A         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0.       0.       0.         b Gross receipts, included on during the year of did le ragge in an excess benefit transaction during the year of did le ragge in an excess benefit transaction during the year of did le ragge in an excess benefit transaction studies during the year of did le ragge in any section 4955 ▶ 0       0.         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912, 4955, and 4958       0.         c Al cognizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       40e       X         42a The organizations. Nota any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ►       Yes No       42b       X         43 be dimensional account in a foreign country ►       . <td>b</td> <td>If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A</td> <td></td> <td></td> <td></td>  | b    | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A                                    |        |       |            |
| b Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915() organizations. Did the organizations and the organization and section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40b       X         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-       0.       40e       X         41       List the states with which a copy of this return is filed       NONE       40e       X         42a       The organization's books are in care of the organization was an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42b       X         42b       X       42b       X       42b       X         42a       X any time during the calendar year, idt the organization maintain an office outside the United States?       43 <td>39</td> <td>Section 501(c)(7) organizations. Enter:</td> <td></td> <td></td> <td></td>  | 39   | Section 501(c)(7) organizations. Enter:  |        |       |            |
| 40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0. ; section 4911 ▶ 0. ; section 4915 ▶ 0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0.       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0.       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. An any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-7       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       203-644-7609       203-644-7609         22 The organization's books are in care of ▶ KATHY HOTLE       Telephone no. ▶ 203-644-7609       2(P+4) ▶ 06897         b       Atany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶.       2(P+4) ▶ 06897         b       Atany time during the calendar year, did the organization maintain an office outside the United States?       42b       X         42b       X       42b       X   |      |  |        |       |            |
| section 4911 ▶       0.; section 4952 ▶       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'ves,' complete Schedule L, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40b       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40c       X         41       List the states with which a copy of this return is filed ▶       NONE       40e       X         42a       The organization's books are in care of ▶       KATHY HOILE       Telephone no. ▶       203-644-7609         Located at ▶       P.O.       BAX % MILTON', CT       ZIP+4 ▶       06897         A tary time during the calendar year, did the organization maintain an office outside the United States?       Yes       No         42b       X       Yes       N/A         44a       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of form 990-EZ       Yes       N/A         44a       Did the o   |      |  |        |       |            |
| b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, "complete Schedule L, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40b       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Start ary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 886-T       0.       40e       X         41       List the states with which a copy of this return is filed <b>NONE</b> NONE       203-644-7609       203-644-7609         Located at <b>P</b> P.O. BOX 83, WILTON, CT       Telephone no. <b>&gt;</b> 203-644-7609       208-644-7609       208-644-7609         Located at <b>P</b> P.O. BOX 83, WILTON, CT       ZiP + 4       06897       42e       X         If "Yes," enter the name of the foreign country <b>&gt;</b>  | 40 a |  |        |       |            |
| transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any<br>of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I<br>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on<br>organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |      | ·, ·   |        |       |            |
| of its prior Forms 990 or 990-EZ? If Y'es," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Star amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T       0.       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       NONE       203-644-7609       203-644-7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZiP +4 ▶ 06897       0.       42b       X         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶       42b       X         section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year?       43       N/A         44a       X       b Did the organization maintain any donor advised funds during the year? If Y'es," Form 990 must be completed instead of Form 990-EZ       44b       X         44a       X       b Did the organization maintain any donor advised funds during the year? If Y'es," Form  | b    |  |        |       |            |
| c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0.         e       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       NONE       40e       X         42       The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609       203-644-7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 06897       21P + 4 ▶ 06897       24P + 4 ▶ 06897         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42b       X         43       N/A       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X <td< td=""><td></td><td></td><td>401</td><td></td><td>v</td></td<>  |      |  | 401    |       | v          |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0.         by the organization       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       0.         transaction? If "Yes," complete Form 8886-T       40e         List the states with which a copy of this return is filed ▶ NONE       NONE         42a The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644 - 7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 06897         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b       X         e At any time during the calendar year, did the organization maintain an office outside the United States?       42       X         if "Yes," enter the name of the foreign country ▶  |      |  | 400    |       |            |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed<br>by the organization       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter<br>transaction? If Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       NONE       40e       X         42a       The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609       203-644-7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 06897       DA tany time during the calendar year, did the organization have an interest in or a signature or other authority<br>over a financial account in a foreign country (such as a bank account, securities account, or other financial<br>account)?       Yes No         If Yes," enter the name of the foreign country ▶  | U    |  |        |       |            |
| by the organization       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       NONE       203-644-7609         22 The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609       ZIP+4 ▶ 066897         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         11       If "Yes," enter the name of the foreign country ▶       42b       X         43       Vers no       42b       X         442       X       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       44b       X         44b       X       44c       X         444       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         444       X       44b       X       44c       X  | h    |  |        |       |            |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         11       List the states with which a copy of this return is filed ▶ NONE       Telephone no. ▶ 203-644-7609       X         42a The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609       ZIP + 4 ▶ 06897         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?       Yes No         11       I'Yes," enter the name of the foreign country ▶       42b       X         24a the during the calendar year, did the organization maintain an office outside the United States?       42c       X         11       Yes, "enter the name of the foreign country ▶       42c       X         24a bid the organization station statian an office outside the United States?       42c       X         11       Yes, "enter the name of the foreign country ▶       43       N/A         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       43       N/A         44a       X       44a       X       44b       X       44c  | u    |  |        |       |            |
| transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ NONE       Telephone no. ▶ 203-644-7609         42a       The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 068897         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Yes No         c At any time during the calendar year, did the organization maintain an office outside the United States?       43       X         42b       X       If "Yes," enter the name of the foreign country ▶       43       44       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       16 "No," provide an explanation in Schedule 0       44c       X  | e    | · · · · · · · · · · · · · · · · · · ·  |        |       |            |
| 41       List the states with which a copy of this return is filed ▶ NONE         42a       The organization's books are in care of ▶ KATHY HOILE       Telephone no. ▶ 203-644-7609         Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 06897         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority       ZIP + 4 ▶ 06897         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority       Ves         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes, 'enter the name of the foreign country ▶         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b         c       At any time during the calendar year, did the organization maintain an office outside the United States?       42c         If "Yes," enter the name of the foreign country ▶  | •    |  | 40e    |       | Х          |
| Located at ▶ P.O. BOX 83, WILTON, CT       ZIP + 4 ▶ 06897         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         if "Yes," enter the name of the foreign country ▶       42b       X         see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c At any time during the calendar year, did the organization maintain an office outside the United States?       12       42c       X         16 "Yes," enter the name of the foreign country ▶       43       42c       X         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       16" "Yes," provide an explanation in Schedule 0       44d       X   | 41   | List the states with which a copy of this return is filed <b>NONE</b>  |        |       |            |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority       Yes No         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country ▶       42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country ▶       42c       X         If "Yes," enter the name of the foreign country ▶       42c       X         If "Yes," enter the name of the foreign country ▶       42c       X         If "Yes," enter the name of the foreign country ▶       42c       X         If "Yes," enter the name of the foreign country ▶       42c       X         If "Yes," enter the name of the foreign country ▶       43       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       43       N/A         44a       X       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital faci  | 42 a | The organization's books are in care of KATHY HOILE Telephone no. > 203-64   | 4-7    | 609   |            |
| over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         if "Yes," enter the name of the foreign country ▶       42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c At any time during the calendar year, did the organization maintain an office outside the United States?       42       X         if "Yes," enter the name of the foreign country ▶       43       X       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       If "No," provide an explanation in Schedule 0       44d       X  |      | Located at $\blacktriangleright$ P.O. BOX 83, WILTON, CT ZIP+4 $\blacktriangleright$ O                                 | 689    | 7     |            |
| account)?       42b       X         If "Yes," enter the name of the foreign country  | b    |  |        |       |            |
| If "Yes," enter the name of the foreign country ►<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).<br>c At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country ►<br>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here<br>and enter the amount of tax-exempt interest received or accrued during the tax year<br>44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of<br>Form 990-EZ<br>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead<br>of Form 990-EZ<br>c Did the organization receive any payments for indoor tanning services during the year?<br>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation<br>in Schedule 0  |      |  |        | Yes   |            |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country       ▶       43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▲ 43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ▲ 44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ       ▲ 44b       X         c Did the organization receive any payments for indoor tanning services during the year?       If "Yes," provide an explanation in Schedule 0       44c       X  |      | ,  | 42b    |       | X          |
| c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country       ▶       43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▲ 43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ▲ 43       N/A         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ▲ 44a       X         c Did the organization receive any payments for indoor tanning services during the year?       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       X  |      |  |        |       |            |
| If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 N/A  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  |      |  | 40.0   |       | v          |
| <ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here<br/>and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>43 N/A</li> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of<br/>Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead<br/>of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation<br/>in Schedule 0</li> </ul>   | C    |  | 420    |       | _ <u>^</u> |
| and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       43       N/A         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         c       Did the organization receive any payments for indoor tanning services during the year?       44b       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       44d  | 42   |  |        |       |            |
| Yes       No         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       44d   | -10  |  |        |       |            |
| 44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d  |      |  | ,      |       |            |
| 44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d  |      |  | 1      | Yes   | No         |
| Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d   | 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of |        |       |            |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         of Form 990-EZ       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d   |      | Form 990-EZ  | 44a    |       | Х          |
| c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       44d   | b    |  |        |       |            |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation         in Schedule 0  |      |  | 44b    |       |            |
| in Schedule O 44d  |      |  | 44c    |       | X          |
|  | d    |  |        |       |            |
| $A \Gamma_{a}$ ) is the experimetion have a controlled entity within the mapping of eachien $\Gamma_{a}(h)/(10)$   |      |  |        |       |            |
|  |      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                | 45a    |       | X          |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section   | b    |  | AFL    |       |            |
| 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  |      |  |        | 00-57 | (2021)     |

132173 12-08-21

11470427 755344 3090

Form 990-EZ (2021)

3 2021.05020 ASSOCIATION OF FUNDRAISING 3090\_\_\_1

#### Form 990-EZ (2021)

# ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

| 06- | -13 | 702 | 211 | Page |
|-----|-----|-----|-----|------|
|     |     |     |     |      |

| 46 | Did the   | organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? |    |  |
|----|-----------|--|----|--|
| _  | lf "Yes," | complete Schedule C, Part I  | 46 |  |
| Pa | art VI    | Section 501(c)(3) Organizations Only   |    |  |
|    |           | All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.                        |    |  |
|    |           | Check if the organization used Schedule O to respond to any question in this Part VI   |    |  |

|            |   | _      | Yes        | No |
|------------|---|--------|------------|----|
| 47         | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? |        |            |    |
|            | If "Yes," complete Sch. C, Part II  | 47     |            | Х  |
| 48         | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                | 48     |            | Х  |
| 49 a       | Did the organization make any transfers to an exempt non-charitable related organization?                           | 49a    |            | Х  |
| b          | If "Yes," was the related organization a section 527 organization?  | 49b    |            |    |
| <b>F</b> 0 |   | aab xa | ام ما با م |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee NONE | (b) Average hours<br>per week devoted to<br>position | (C) Reportable<br>compensation (Forms<br>W-2/1099-MISC/<br>1099-NEC) | (d) Health benefits,<br>contributions to<br>employee benefit<br>plans, and deferred<br>compensation | (e) Estimated<br>amount of other<br>compensation |
|--|--|--|---|--|
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
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|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

...... 🕨 🗶 Yes 🗌 No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign        | Signature of officer                        |                         |                        | Date           |                           |
|-------------|---|-------------------------|------------------------|----------------|---------------------------|
| Here        | BRYAN PENNINGTON,                           |                         |                        |                |                           |
|             | Type of print name and the                  |                         |                        |                |                           |
|             | Print/Type preparer's name                  | Preparer's signature    | Date                   | Check if       | PTIN                      |
| Paid        |   |                         |                        | self- employed |                           |
| Preparer    | JAMES G. WOODS                              |                         |                        |                | P01429665                 |
| Use Only    | , Firm's name VENMAN & C                    |                         | 6-0674034              |                |                           |
|             | Firm's address ► 375 BRIDG                  | Phone no. 20            | Phone no. 203-929-9945 |                |                           |
|             | SHELTON,                                    | СТ 06484                |                        |                |                           |
| May the IRS | discuss this return with the preparer shown | above? See instructions |                        |                | 🕨 🗌 Yes 📃 No              |
|             |   |                         |                        |                | Form <b>990-F7</b> (2021) |

132174 12-08-21

| (Form 9      | DULE A<br>90)<br>of the Treasury<br>enue Service | Co                      | omplete if the organ<br>494<br>► | rity Status an<br>nization is a section 50 <sup>-</sup><br>47(a)(1) nonexempt cha<br>Attach to Form 990 or F<br>r/Form990 for instruction | 1(c)(3) org<br>Iritable tru<br>Form 990- | anization<br>ust.<br>EZ. | or a section                            |                | OMB No. 1545-0047<br><b>2021</b><br>Open to Public<br>Inspection |
|--------------|--|-------------------------|----------------------------------|---|--|--------------------------|---|----------------|--|
| Name of      | the organizati                                   |                         |                                  | FUNDRAISING   |  |                          |   | Employer       | identification number  |
|              | U U  |                         | FIELD COUN                       |   |  |                          |   |                | 6-1370211  |
| Part I       | Reason   | for Public              | Charity Status.                  | (All organizations must c   | omplete t                                | his part.) S             | See instructio                          |                |  |
| The orga     |  |                         |                                  | For lines 1 through 12, c   |  |                          |   |                |  |
| 1 🗂          |  | •                       |                                  | on of churches described  |  |                          |   |                |  |
| 2            |  |                         |                                  | Attach Schedule E (Forn   |  |                          | ~ |                |  |
| 3            |  |                         |                                  | anization described in <b>s</b> e   |  | )(b)(1)(A)(i             | ii).                                    |                |  |
| 4            | · ·  | •                       |                                  | njunction with a hospital   |  |                          | •                                       | (iii). Enter   | the hospital's name,   |
|              | city, and stat                                   |                         | ·                                |   |  |                          |   | ~ /            | 1 <i>,</i>   |
| 5            | •  | -                       | or the benefit of a co           | llege or university owned   | d or opera                               | ted by a g               | overnmental                             | unit descrik   | bed in   |
|              |  |                         | Complete Part II.)               | с ,   | ·  | , ,                      |   |                |  |
| 6            |  |                         |                                  | nental unit described in a  | section 17                               | 70(b)(1)(A)              | (v).                                    |                |  |
| 7            | An organizati                                    | on that norma           | Illy receives a substa           | Intial part of its support f  | irom a gov                               | ernmenta                 | l unit or from                          | the general    | public described in  |
|              | section 170(                                     | <b>b)(1)(A)(vi).</b> (C | omplete Part II.)                |   |  |                          |   |                |  |
| 8            | A community                                      | trust describe          | ed in section 170(b)             | (1)(A)(vi). (Complete Par   | t II.)                                   |                          |   |                |  |
| 9            | An agricultur                                    | al research org         | ganization described             | in section 170(b)(1)(A)(  | ix) operate                              | ed in conju              | unction with a                          | land-grant     | college  |
|              | or university                                    | or a non-land-g         | grant college of agric           | ulture (see instructions).  | . Enter the                              | name, cit                | y, and state c                          | of the colleg  | e or   |
|              | university:                                      |                         |                                  |   |  |                          |   |                |  |
| 10 X         | An organizati                                    | on that norma           | Illy receives (1) more           | than 33 1/3% of its sup   | port from                                | contributio              | ons, members                            | ship fees, a   | nd gross receipts from   |
|              | activities rela                                  | ted to its exen         | npt functions, subjec            | ct to certain exceptions;   | and (2) no                               | more tha                 | n 33 1/3% of                            | its support    | from gross investment  |
|              | income and ι                                     | Inrelated busi          | ness taxable income              | (less section 511 tax) fr   | om busine                                | esses acqu               | uired by the o                          | rganization    | after June 30, 1975.   |
|              | See section                                      | <b>509(a)(2).</b> (Co   | mplete Part III.)                |   |  |                          |   |                |  |
| 11           | An organizati                                    | on organized a          | and operated exclus              | ively to test for public sa   | afety. See                               | section 50               | 09(a)(4).                               |                |  |
| 12           | An organizati                                    | on organized a          | and operated exclus              | ively for the benefit of, to  | o perform                                | the function             | ons of, or to c                         | arry out the   | e purposes of one or   |
|              | more publicly                                    | v supported or          | ganizations describe             | ed in <b>section 509(a)(1)</b> o  | r section                                | 509(a)(2).               | See section                             | 509(a)(3). 🤇   | Check the box on   |
| _            | _lines 12a thro                                  | ough 12d that           | describes the type of            | of supporting organizatio   | n and con                                | nplete line              | s 12e, 12f, ar                          | id 12g.        |  |
| a            | <b>Type I.</b> A s                               | upporting orga          | anization operated, s            | supervised, or controlled   | by its sup                               | ported or                | ganization(s),                          | typically by   | giving   |
|              | the suppor                                       | ted organizatio         | on(s) the power to re            | gularly appoint or elect a  | a majority                               | of the dire              | ctors or trust                          | ees of the s   | supporting   |
| Ē            |  |                         | complete Part IV, Se             |   |  |                          |   |                |  |
| b 🗆          |  |                         | •                                | d or controlled in connec   |  |                          | 0                                       |                | •  |
|              |  | -                       |                                  | anization vested in the s   | ame perso                                | ons that co              | ontrol or man                           | age the sup    | ported   |
| _            |  |                         | t complete Part IV,              |   |  |                          |   |                |  |
| c L          |  | -                       |                                  | g organization operated   |  |                          |   | ally integrate | ed with,   |
|              |  | •                       |                                  | s). You must complete I   |  |                          |   |                |  |
| d∟           |  | -                       |                                  | oorting organization oper   |  |                          |   | 0              |  |
|              |  |                         |                                  | zation generally must sat   |  |                          |   | id an attent   | iveness  |
| - L          |  |                         |                                  | nplete Part IV, Sections  |  |                          |   |                |  |
| e∟           |  | -                       |                                  | written determination fro   |  |                          | а туре ї, туре                          | еп, туре п     |  |
| f En         |  |                         |                                  | nally integrated support  |  |                          |   |                |  |
|              |  |                         |                                  | d organization(a)   |  |                          |   |                |  |
| <u>y</u> Fit | (i) Name of supp                                 |                         | n about the supporte             | (iii) Type of organization  | (iv) Is the orga                         | inization listed         | (v) Amount o                            | f monetary     | (vi) Amount of other   |
|              | organizatior                                     |                         |                                  | (described on lines 1-10  | Yes                                      | ng document?<br>No       | support (see i                          | -              | support (see instructions)                                       |
|              |  |                         |                                  | above (see instructions))   |  |                          |   |                |  |
|              |  |                         |                                  |   |  |                          |   |                |  |
|              |  |                         |                                  |   |  |                          |   |                |  |
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|              |  |                         |                                  |   |  |                          |   |                |  |
|              |  |                         |                                  |   |  |                          |   |                |  |
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|              |  |                         |                                  |   |  |                          |   |                |  |
|              |  |                         |                                  |   |  |                          |   |                |  |
|              |  |                         |                                  |   |  |                          |   |                |  |
| Total        |  |                         |                                  |   |  |                          |   |                |  |

# ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

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|------------|---------------|
|------------|---------------|

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  |
|---------|---|
|         | (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization |

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2021

| Se   | ction A. Public Support   |                   |                    |                    |                   |                     |                 |
|------|---|-------------------|--------------------|--------------------|-------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                                   | (a) 2017          | (b) 2018           | (c) 2019           | (d) 2020          | (e) 2021            | (f) Total       |
| 1    | Gifts, grants, contributions, and   |                   |                    |                    |                   |                     |                 |
|      | membership fees received. (Do not   |                   |                    |                    |                   |                     |                 |
|      | include any "unusual grants.")  |                   |                    |                    |                   |                     |                 |
| 2    | Tax revenues levied for the organ-  |                   |                    |                    |                   |                     |                 |
|      | ization's benefit and either paid to  |                   |                    |                    |                   |                     |                 |
|      | or expended on its behalf   |                   |                    |                    |                   |                     |                 |
| 3    | The value of services or facilities   |                   |                    |                    |                   |                     |                 |
|      | furnished by a governmental unit to   |                   |                    |                    |                   |                     |                 |
|      | the organization without charge $\dots$                                     |                   |                    |                    |                   |                     |                 |
| 4    | Total. Add lines 1 through 3  |                   |                    |                    |                   |                     |                 |
| 5    | The portion of total contributions  |                   |                    |                    |                   |                     |                 |
|      | by each person (other than a  |                   |                    |                    |                   |                     |                 |
|      | governmental unit or publicly   |                   |                    |                    |                   |                     |                 |
|      | supported organization) included  |                   |                    |                    |                   |                     |                 |
|      | on line 1 that exceeds 2% of the  |                   |                    |                    |                   |                     |                 |
|      | amount shown on line 11,  |                   |                    |                    |                   |                     |                 |
|      | column (f)  |                   |                    |                    |                   |                     |                 |
|      | Public support. Subtract line 5 from line 4.                                |                   |                    |                    |                   |                     |                 |
|      | ction B. Total Support  |                   | 1                  | 1                  | 1                 |                     |                 |
|      | ndar year (or fiscal year beginning in) 🕨                                   | (a) 2017          | (b) 2018           | (c) 2019           | (d) 2020          | (e) 2021            | (f) Total       |
| 7    | Amounts from line 4   |                   |                    |                    |                   |                     |                 |
| 8    | Gross income from interest,   |                   |                    |                    |                   |                     |                 |
|      | dividends, payments received on   |                   |                    |                    |                   |                     |                 |
|      | securities loans, rents, royalties,   |                   |                    |                    |                   |                     |                 |
|      | and income from similar sources   |                   |                    |                    |                   |                     |                 |
| 9    | Net income from unrelated business  |                   |                    |                    |                   |                     |                 |
|      | activities, whether or not the  |                   |                    |                    |                   |                     |                 |
|      | business is regularly carried on  |                   |                    |                    |                   |                     |                 |
| 10   | Other income. Do not include gain   |                   |                    |                    |                   |                     |                 |
|      | or loss from the sale of capital  |                   |                    |                    |                   |                     |                 |
|      | assets (Explain in Part VI.)  |                   |                    |                    |                   |                     |                 |
|      | Total support. Add lines 7 through 10                                       |                   |                    |                    |                   |                     |                 |
|      | Gross receipts from related activities,                                     |                   | ,                  |                    |                   |                     |                 |
| 13   | First 5 years. If the Form 990 is for the                                   |                   |                    |                    |                   |                     |                 |
| 50   | organization, check this box and stor<br>ction C. Computation of Publ       | o nere            | rcontago           |                    |                   |                     |                 |
| -    |   |                   |                    | column (f))        |                   | 14                  | %               |
|      | Public support percentage for 2021 (<br>Public support percentage from 2020 |                   |                    |                    |                   | 15                  | %               |
|      | 1 33 1/3% support test - 2021. If the o                                     |                   |                    |                    |                   |                     |                 |
| 100  | stop here. The organization qualifies                                       | -                 |                    |                    |                   |                     |                 |
| r    | <b>33 1/3% support test - 2020.</b> If the d                                |                   |                    |                    |                   |                     |                 |
|      | and <b>stop here.</b> The organization qual                                 | -                 |                    |                    |                   |                     |                 |
| 17a  | 10% -facts-and-circumstances tes  |                   |                    |                    |                   |                     |                 |
|      | and if the organization meets the fact                                      |                   |                    |                    |                   |                     |                 |
|      | meets the facts-and-circumstances te  |                   |                    | -                  |                   |                     |                 |
| b    | 10% -facts-and-circumstances tes  | •                 | • •                |                    | •                 |                     |                 |
|      | more, and if the organization meets tl                                      |                   |                    |                    |                   | -                   |                 |
|      | organization meets the facts-and-circ                                       |                   |                    |                    |                   |                     | ▶□              |
| 18   | Private foundation. If the organization                                     | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box | and see instructior | ns 🕨 🗌          |
|      |   |                   |                    |                    |                   | Schedule A          | (Form 990) 2021 |

### ASSOCIATION OF FUNDRAISING PROFESSIONALS

Schedule A (Form 990) 2021

#### FAIRFIELD COUNTY CHAPTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec         | ction A. Public Support   |                             |                                  |                        |                     |                      |             |
|-------------|---|-----------------------------|----------------------------------|------------------------|---------------------|----------------------|-------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨   | (a) 2017                    | <b>(b)</b> 2018                  | <b>(c)</b> 2019        | <b>(d)</b> 2020     | (e) 2021             | (f) Total   |
| 1           | Gifts, grants, contributions, and   |                             |                                  |                        |                     |                      |             |
|             | membership fees received. (Do not   |                             |                                  |                        |                     |                      |             |
|             | include any "unusual grants.")  | 19,832.                     | 11,001.                          | 9,765.                 | 9,020.              | 10,263.              | 59,881.     |
| 2           | merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the  | 18 510                      | 10 667.                          | 75 303.                | 16 873.             | 20 194.              | 141 547.    |
| ~           | •   | 10,510.                     | 10,007.                          | 75,505.                | 10,075.             | 20,1940              | 141,547.    |
| 3           | 1   |                             |                                  |                        |                     |                      |             |
|             | iness under section 513   |                             |                                  |                        |                     |                      |             |
| 4           | Tax revenues levied for the organ-  |                             |                                  |                        |                     |                      |             |
|             | ization's benefit and either paid to or expended on its behalf  |                             |                                  |                        |                     |                      |             |
| 5           | The value of services or facilities   |                             |                                  |                        |                     |                      |             |
|             | furnished by a governmental unit to the organization without charge   |                             |                                  |                        |                     |                      |             |
| 6           |   | 38,342.                     | 21,668.                          | 85,068.                | 25,893.             | 30,457.              | 201,428.    |
|             | Amounts included on lines 1, 2, and   |                             |                                  | -                      |                     |                      |             |
| b           | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  |                        |                     |                      | 201,420.    |
|             |   | (-) 0017                    | (1-) 0010                        | (=) 0010               | (4) 0000            | (-) 0001             |             |
|             |   |                             | 21 668.                          |                        | 25 893              | 30 457               | 201 428     |
|             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,   |                             |                                  |                        | 3.                  | 2.                   |             |
| b           |   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  |                        |                     |                      |             |
|             | · · · · · · · · · · · · · · · · · · ·   |                             |                                  |                        |                     |                      |             |
|             |   | 10.                         | 12.                              | 9.                     | 3.                  | 2.                   | 36.         |
|             |   |                             |                                  |                        |                     |                      |             |
| 12          | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                             |                                  |                        |                     |                      |             |
|             |   | -                           | -                                | -                      | -                   | -                    |             |
| 14          | First 5 years. If the Form 990 is for the   | ne organization's fir       | rst, second, third, <sup>r</sup> | fourth, or fifth tax y | /ear as a section § | 501(c)(3) organizati | ion,        |
| _           |   |                             |                                  |                        |                     |                      | <b>&gt;</b> |
|             |   |                             |                                  |                        |                     |                      |             |
| 15          | Public support percentage for 2021 (  | ine 8, column (f), d        | livided by line 13, o            | column (f))            |                     | 15                   |             |
|             | Gifts. grants. contributions. and<br>membership fees received. (Do not<br>include any 'unusual grants.')<br>Gross receipts from admissions,<br>merchandles sold or services per-<br>formed, or facilities trainstein in<br>any activity that is related to the<br>organization's tax-exampt purpose<br>Gross receipts from admissions,<br>merchandles sold or services per-<br>formed, or facilities trainstein in<br>any activity that is related to the<br>organization's tax-exampt purpose<br>in ses under section 513       19,832.       11,001.       9,765.       9,020.       10,263.       59,881.         18,510.       10,667.       75,303.       16,873.       20,194.       141,547.         6 Gross receipts from adtivities that<br>are not an unrelated trade or bus-<br>iness under services or facilities<br>transhed on its behaft       18,510.       10,667.       75,303.       16,873.       20,194.       141,547.         7 Tax revenues levied for the organ-<br>tration's banefit and either paid to<br>or expended on its behaft       38,342.       21,668.       85,068.       25,893.       30,457.       201,428.         3 received from disqualified persons<br>be most on its to the yaw<br>and from the set and from exerce<br>transhe that disqualified persons that<br>exerce the grader of the organization<br>of case included to lines 12, and and 7b.       0.       0.       0.       0.         10 Add lines 1 due to yaw<br>and income from interest,<br>of cases income strate second<br>transhe transhe from interest,<br>and income from interest,<br>exercities lass, rents, royalties,<br>and there from interest,<br>explicit and thom sub-insess<br>activities net included ton line 10b,<br>whether or not interest,<br>explicit and to business<br>acti |                             |                                  |                        |                     |                      |             |
| Sec         | ction D. Computation of Inves   | stment Incom                | e Percentage                     |                        |                     |                      |             |
| 17          | Investment income percentage for 20   | <b>)21</b> (line 10c, colum | nn (f), divided by lii           | ne 13, column (f))     |                     | 17                   | ,.          |
| 18          | Investment income percentage from   | 2020 Schedule A, I          | Part III, line 17                |                        |                     | 18                   | .02 %       |
| <b>1</b> 9a | <b>33 1/3% support tests - 2021.</b> If the   | organization did n          | ot check the box o               | on line 14, and line   | 15 is more than 3   | 3 1/3% , and line 1  |             |
|             | more than 33 1/3%, check this box a   | nd <b>stop here.</b> The    | organization qualif              | ies as a publicly su   | upported organiza   | ition                | ► X         |
| b           |   |                             |                                  |                        |                     |                      | and         |
|             | line 18 is not more than 33 1/3%, che   | ck this box and <b>st</b>   | op here. The organ               | nization qualifies a   | s a publicly suppo  | orted organization   |             |
| 20          |   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  |                        |                     |                      |             |
|             |   |                             |                                  | 7                      |                     |                      | -           |
| 47(         | 427 755344 3090   | 202                         | 21.05020 A                       | SSOCIATIC              | N OF FUNI           | DRAISING             | 30901       |

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#### ASSOCIATION OF FUNDRAISING PROFESSIONALS FAIRFIELD COUNTY CHAPTER

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Schedule A (Form 990) 2021 FAIR Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

## ASSOCIATION OF FUNDRAISING PROFESSIONALS

| Sche | edule A (Form 990) 2021 FAIRFIELD COUNTY CHAPTER (  | 06-137021           | L1 Pa | age <b>5</b> |
|------|---|---------------------|-------|--------------|
| Ра   | rt IV Supporting Organizations (continued)  |                     |       |              |
|      |   |                     | Yes   | No           |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |                     |       |              |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |                     |       |              |
|      | 11c below, the governing body of a supported organization?  | 11a                 |       |              |
| b    | A family member of a person described on line 11a above?  | 11b                 |       |              |
| с    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |                     |       |              |
|      | detail in Part VI.  | 11c                 |       |              |
| Sec  | tion B. Type I Supporting Organizations   |                     | _     |              |
|      |   |                     | Yes   | No           |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of<br>directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)<br>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among<br>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | ficers,             |       |              |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported   |                     |       |              |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |                     |       |              |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                     |       |              |
|      | supervised, or controlled the supporting organization.  | 2                   |       |              |
| Sec  | tion C. Type II Supporting Organizations  |                     |       |              |
|      |   |                     | Yes   | No           |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |                     |       |              |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |                     |       |              |
|      | or management of the supporting organization was vested in the same persons that controlled or managed  |                     |       |              |
|      | the supported organization(s).  | 1                   |       |              |
| Sec  | tion D. All Type III Supporting Organizations   |                     |       |              |
|      |   |                     | Yes   | No           |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |                     |       |              |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |                     |       |              |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |                     |       |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1                   |       |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |                     |       |              |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |                     |       |              |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2                   |       |              |
| 3    | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   |                     |       |              |
|      | significant voice in the organization's investment policies and in directing the use of the organization's  |                     |       |              |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |                     |       |              |
|      | supported organizations played in this regard.  | 3                   |       |              |
| Sec  | tion E. Type III Functionally Integrated Supporting Organizations   |                     |       |              |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction  | uctions).           |       |              |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |                     |       |              |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.   |                     |       |              |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.  | ity (see instructio | ons). |              |
| 2    | Activities Test. Answer lines 2a and 2b below.  |                     | Yes   | No           |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |                     |       |              |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |                     |       |              |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,  |                     |       |              |
|      | how the organization was responsive to those supported organizations, and how the organization determined   |                     |       |              |
|      | that these activities constituted substantially all of its activities.  | 2a                  |       |              |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |                     |       |              |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |                     |       |              |
|      | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |                     |       |              |
|      | these activities but for the organization's involvement.  | 2b                  | 1     |              |

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b Schedule A (Form 990) 2021

3a

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## ASSOCIATION OF FUNDRAISING PROFESSIONALS

| Sche                             | dule A (Form 990) 2021 FAIRFIELD COUNTY CHAPT                                 |                |                                | 06-1370211 Page 6           |
|----------------------------------|---|----------------|--------------------------------|-----------------------------|
| Pa                               | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                  | ng Orga        | anizations                     |                             |
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust o     | n Nov. 20, 1970 (explain in    | Part VI). See instructions. |
|                                  | All other Type III non-functionally integrated supporting organizations must  | st comple      | te Sections A through E.       |                             |
| Sect                             | ion A - Adjusted Net Income   | (A) Prior Year | (B) Current Year<br>(optional) |                             |
| 1                                | Net short-term capital gain   | 1              |                                |                             |
| 2                                | Recoveries of prior-year distributions  | 2              |                                |                             |
| 3                                | Other gross income (see instructions)   | 3              |                                |                             |
| 4                                | Add lines 1 through 3.  | 4              |                                |                             |
| 5                                | Depreciation and depletion  | 5              |                                |                             |
| 6                                | Portion of operating expenses paid or incurred for production or              |                |                                |                             |
|                                  | collection of gross income or for management, conservation, or                |                |                                |                             |
|                                  | maintenance of property held for production of income (see instructions)      | 6              |                                |                             |
| 7                                | Other expenses (see instructions)   | 7              |                                |                             |
| 8                                | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                  | 8              |                                |                             |
| Sect                             | ion B - Minimum Asset Amount  | (A) Prior Year | (B) Current Year<br>(optional) |                             |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see                 |                |                                |                             |
|                                  | instructions for short tax year or assets held for part of year):             |                |                                |                             |
| a                                | Average monthly value of securities   | 1a             |                                |                             |
| b                                | Average monthly cash balances   | 1b             |                                |                             |
| c                                | Fair market value of other non-exempt-use assets                              | 1c             |                                |                             |
| d                                | Total (add lines 1a, 1b, and 1c)  | 1d             |                                |                             |
| е                                | Discount claimed for blockage or other factors                                |                |                                |                             |
|                                  | (explain in detail in <b>Part VI</b> ):                                       |                |                                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                  | 2              |                                |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                                |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |                |                                |                             |
|                                  | see instructions).  | 4              |                                |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)              | 5              |                                |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                                |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                                |                             |
| 8                                | Minimum Asset Amount (add line 7 to line 6)                                   | 8              |                                |                             |
| Section C - Distributable Amount |   |                |                                | Current Year                |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)         | 1              |                                |                             |
| 2                                | Enter 0.85 of line 1.   | 2              |                                |                             |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)        | 3              |                                |                             |
| 4                                | Enter greater of line 2 or line 3.  | 4              |                                |                             |
| 5                                | Income tax imposed in prior year  | 5              |                                |                             |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to          |                |                                |                             |
|                                  | emergency temporary reduction (see instructions).                             | 6              |                                |                             |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

#### ASSOCIATION OF FUNDRAISING PROFESSIONALS FATRFIELD COUNTY CHAPTER

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|------------|--------|
|------------|--------|

| Sche         | dule A (Form 990) 2021 FAIRFIELD COU                            |                                   |                                       |      | 6-1370211 Page 7                          |
|--------------|---|-----------------------------------|---------------------------------------|------|---|
| Par          | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga            | anizations <sub>(continu</sub>        | led) |   |
| Secti        | on D - Distributions  |                                   |                                       |      | Current Year                              |
| 1            | Amounts paid to supported organizations to accomplish exe       | mpt purposes                      |                                       | 1    |   |
| 2            | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported          |                                       |      |   |
|              | organizations, in excess of income from activity                |                                   |                                       | 2    |   |
| 3            | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior      | IS                                    | 3    |   |
| 4            | Amounts paid to acquire exempt-use assets                       |                                   |                                       | 4    |   |
| 5            | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in <b>Part VI</b> ) |                                       | 5    |   |
| 6            | Other distributions (describe in Part VI). See instructions.    |                                   |                                       | 6    |   |
| 7            | Total annual distributions. Add lines 1 through 6.              |                                   |                                       | 7    |   |
| 8            | Distributions to attentive supported organizations to which the | he organization is responsive     | e                                     |      |   |
|              | (provide details in Part VI). See instructions.                 |                                   |                                       | 8    |   |
| 9            | Distributable amount for 2021 from Section C, line 6            |                                   |                                       | 9    |   |
| 10           | Line 8 amount divided by line 9 amount                          | <b></b>                           |                                       | 10   |   |
| Secti        | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions       | (ii)<br>Underdistributior<br>Pre-2021 | าร   | (iii)<br>Distributable<br>Amount for 2021 |
| 1            | Distributable amount for 2021 from Section C, line 6            |                                   |                                       |      |   |
| 2            | Underdistributions, if any, for years prior to 2021 (reason-    |                                   |                                       |      |   |
|              | able cause required - explain in Part VI). See instructions.    |                                   |                                       |      |   |
| 3            | Excess distributions carryover, if any, to 2021                 |                                   |                                       |      |   |
| a            | From 2016   |                                   |                                       |      |   |
| b            | From 2017   |                                   |                                       |      |   |
| C            | From 2018   |                                   |                                       |      |   |
| d            | From 2019   |                                   |                                       |      |   |
| e            | From 2020   |                                   |                                       |      |   |
| f            | Total of lines 3a through 3e                                    |                                   |                                       |      |   |
| g            | Applied to underdistributions of prior years                    |                                   |                                       |      |   |
|              | Applied to 2021 distributable amount                            |                                   |                                       |      |   |
| <u>    i</u> | Carryover from 2016 not applied (see instructions)              |                                   |                                       |      |   |
| j            | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                                   |                                       |      |   |
| 4            | Distributions for 2021 from Section D,                          |                                   |                                       |      |   |
|              | line 7: \$  |                                   |                                       |      |   |
| -            | Applied to underdistributions of prior years                    |                                   |                                       |      |   |
|              | Applied to 2021 distributable amount                            |                                   |                                       |      |   |
|              | Remainder. Subtract lines 4a and 4b from line 4.                |                                   |                                       |      |   |
| 5            | Remaining underdistributions for years prior to 2021, if        |                                   |                                       |      |   |
|              | any. Subtract lines 3g and 4a from line 2. For result greater   |                                   |                                       |      |   |
|              | than zero, explain in Part VI. See instructions.                |                                   |                                       |      |   |
| 6            | Remaining underdistributions for 2021. Subtract lines 3h        |                                   |                                       |      |   |
|              | and 4b from line 1. For result greater than zero, explain in    |                                   |                                       |      |   |
|              | Part VI. See instructions.                                      |                                   |                                       |      |   |
| 7            | Excess distributions carryover to 2022. Add lines 3j and 4c.    |                                   |                                       |      |   |
|              | Breakdown of line 7:  |                                   |                                       |      |   |
| 8            | Excess from 2017  |                                   |                                       |      |   |
| -            | Excess from 2017<br>Excess from 2018                            |                                   |                                       |      |   |
|              | Excess from 2018<br>Excess from 2019                            |                                   |                                       |      |   |
|              | Excess from 2019<br>Excess from 2020                            |                                   |                                       |      |   |
| -            | Excess from 2020<br>Excess from 2021                            |                                   |                                       |      |   |
| e            |   |                                   |                                       |      |   |

Schedule A (Form 990) 2021

132027 01-04-22

|               | Form 990) 2021  |  |   | CHAPTER  |   | 06-1370211 Pa   |
|---------------|---|--|---|--|---|---|
| Part VI       | Part IV, Section A, lines<br>line 1; Part IV, Section D | 1, 2, 3b, 3c, 4b, 4c,<br>, lines 2 and 3; Part | 5a, 6, 9a, 9b, 9c<br>IV, Section E, lir | c, 11a, 11b, and 11c<br>nes 1c, 2a, 2b, 3a, ai | , line 10; Part II, line 17a o<br>; Part IV, Section B, lines 1<br>nd 3b; Part V, line 1; Part \<br>ete this part for any additio | and 2; Part IV, Section C,<br>/, Section B, line 1e; Part V |
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| 32028 01-04-2 | 0   |  |   |  |   | Schedule A (Form 990)                                       |

| SCHEDULE O<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service<br>Scheme Service<br>Scheme Service<br>Department of the Treasury<br>Internal Revenue Service<br>Scheme Scheme Service<br>Scheme Scheme Service<br>Scheme Scheme Service<br>Scheme Scheme Schem | ific question<br>nformation. |                | OMB No. 1545-0047<br>202<br>Open to Publi<br>Inspection |
|--|------------------------------|----------------|---|
| Name of the organization ASSOCIATION OF FUNDRAISING PROFE<br>FAIRFIELD COUNTY CHAPTER  |                              |                | ridentification num                                     |
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN   | ICOME :                      |                |   |
| DESCRIPTION OF PROPERTY:   |                              |                | AMOUNT:   |
| INTEREST INCOME  |                              |                |   |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  |                              |                |   |
| DESCRIPTION OF OTHER EXPENSES:   |                              |                | AMOUNT:   |
| TELEPHONE/FAX  |                              |                | 12  |
| PROGRAM FACILITY EXPENSES  |                              |                | 4,61  |
| FILING FEES  |                              |                | 10  |
| BANK FEES  |                              |                | 53  |
| OTHER FEES/EXPENSES  |                              |                | 2,61  |
| MISCELLANEOUS EXPENSES   |                              |                | 5   |
| ADVERTISING  |                              |                | 1,37  |
| SPEAKER HONORARIA/GIFTS/AWARDS   |                              |                | 35  |
| MEALS/TRAVEL   |                              |                | 1,09  |
| TOTAL TO FORM 990-EZ, LINE 16  |                              |                | 10,86   |
| FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:   |                              |                |   |
| DESCRIPTION  | BEG.                         | OF YEAR        | END OF YE   |
| ACCOUNTS RECEIVABLE  |                              | 4,243.         | 2,00  |
| FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES   | 5:                           |                |   |
| DESCRIPTION  | BEG.                         | OF YEAR        | END OF YE   |
| ACCRUED EXPENSE  |                              | 1,000.         |   |
| ACCOUNTS PAYABLE   |                              | 0.             | 3,14  |
| TOTAL TO FORM 990-EZ, LINE 26<br>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  |                              | 1,000.<br>Sche | 3 , 14<br>edule O (Form 990) :                          |
| 13<br>470427 755344 3090 2021.05020 ASSOCIATIO   | ON OF F                      | UNDRAISI       | NG 3090   |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CHAPTER WORKS TO ADVANCE PHILANTHROPY PEOPLE AND ORGANIZATIONS TO PRACTICE ETHICAL AND EFFECTIVE FUNDRAISING THROUGH EDUCATION, TRAINING, MENTORING, RESEARCH,

CREDENTIALING, AND ADVOCACY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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| lame of the organization ASSOCIATION OF FUNDE<br>FAIRFIELD COUNTY CHA | APTER  |  | Employer identific<br>06-13702 | 11                                      |
|---|--|--|--------------------------------|---|
| Part IV List of Officers, Directors, Trustees, and Key                | / Employees. List each one of                        | even if not compensate   |                                |   |
| (a) Name and title  | (b) Average hours<br>per week devoted to<br>position | (C) Reportable<br>compensation (Forn<br>W-2/1099-MISC)<br>(If not paid, enter -0 | plans and deferred             | (e) Estimat<br>amount of o<br>compensat |
| VENNIFER THOMPSON<br>DIRECTOR   | 3.00   | 0  | . 0.                           |   |
| ORRAINE GIBBONS   |  |  |                                |   |
| MMEDIATE PAST PRESIDENT   | 3.00   | 0  | . 0.                           |   |
| COREY PARIS   |  |  |                                |   |
| DIRECTOR  | 3.00   | 0  | . 0.                           |   |
| ALICIA WETTENSTEIN  |  |  |                                |   |
| DIRECTOR  | 3.00   | 0  | . 0.                           |   |
| IARTHA GOLDMAN  |  |  | _                              |   |
| DIRECTOR  | 3.00   | 0  | . 0.                           |   |
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| 32471 11-18-21  |  |  | Schedu                         | le O (Form                              |